City of Montgomery Business Questionnaire

Name of Business_____FID/SS#_____

EMAIL Address _____

Mailing Address_____Phone#_____

Montgomery Address_____Phone#_____

Calendar Year End (12-31)_____ Fiscal Year End _____

Date Business Started In Montgomery_____ # Employees, if any _____

Weekly Payroll Amount $_____ Withholding for Employee's Convenience, only? (circle one) **Yes No**

Taxes withheld must be remitted quarterly, unless the tax withheld exceeds $200.00 per month, or $600.00 per quarter, in which case remittance must be made monthly.

Payroll Company_____

Type of Business: Sole Proprietorship_____Corporation_____Rental_____Partnership_____S-Corporation_____LLC_____

Manager/Contact Person_____Phone#_____

Leased Employees? (circle one) **Yes** **No**

Company Name_____

Address_____Phone#_____

SUBCONTRACTORS → Date Job Started_____Job Site Address_____

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